

PATENT APPLICATION

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER

Attorney's Docket No:
A-570BSerial No.
09/779,050Filing Date:
February 12, 2001Examiner
Eileen B. O'HaraGroup Art Unit
1646In Re Application of
Boyle, et al.For
RECEPTOR FROM TNF FAMILY

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):

One month of original due date (\$110.00)
 Two months of original due date (\$410.00)
 Three months of original due date (\$930.00)
 Four months of original due date (\$1,450.00)
 Five months of original due date (\$1,970.00)

A response in connection with the matter for which this extension is requested:

is filed herewith.
 has been filed.
 The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.

The accompanying papers include amended claims for which no additional fee is required.

The accompanying papers include amended claims the fee for which has been calculated as follows:

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CLAIMS AS AMENDED

(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6)	(7) Additional Fee
Total Claims	26	Minus	30 =	0	x \$18	= \$ 0.00
Indep. Claims	3	Minus	3 =	0	x \$84	= 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim						+ \$280 = 0.00
Total Additional Fee for this Amendment						\$0.00

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.

 The following other fees are incurred by the accompanying papers. Other: _____

Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ _____. A duplicate copy of this petition is attached.

 If an additional extension of time is required, please consider this a request therefore. The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.

Please Send Future Correspondence To:

US Patent Operations/RNM
 Dept. 4300, M/S 27-4-A
 AMGEN INC.
 One Amgen Center Drive
 Thousand Oaks, California 91320-1799



Randolph N. Mohr
 Attorney/Agent for Applicant(s)
 Registration No.: 45,490
 Phone: (805) 447-8949
 Date: February 13, 2003

EXPRESS MAIL CERTIFICATE

Express Mail mail labeling number: EL360692528US

Date of Deposit: February 13, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Lynne Buchsbaum

Printed Name

Signature

